LOUISIANA MEDICAID FACTS

Congress is currently working to pass legislation that could profoundly and negatively impact Medicaid–funded services for people with disabilities. The recent budget framework looks at cutting the Medicaid budget by $880 billion.

Medicaid is a lifeline to **1,625,999 Louisianians**; this includes people with disabilities, children, seniors, veterans, and military families.

What Medicaid Means for Louisianians:

- **Early Childhood and School-Age Children**: Medicaid is the primary funder of early intervention services, including speech, occupational, and physical therapy, for infants and toddlers with disabilities. Medicaid also covers school-based health and behavioral health services that support children with disabilities in their learning and overall well-being.

- **Community Living**: Medicaid is the primary funder of long-term services and supports that assist children and adults with disabilities with daily activities, such as eating, bathing, dressing, and taking medication. Medicaid enables people to live independently through home and community-based services (HCBS). HCBS also helps adults with disabilities work through specialized supports, personal assistance services, assistive technology, mobility devices, and communication aids.

Current Issue:

The Budget Resolution passed by the House directs the House Energy and Commerce Committee (which oversees Medicaid) to cut $880 billion over ten years. Some policy makers and others have suggested harmful ideas to achieve this goal, including:

Medicaid Per Capita Caps and Block Grants

Medicaid per capita cap, the federal government would establish a limit on the amount of reimbursement to states based on the number of people enrolled in the program. To achieve federal savings, the per capita growth amounts would be set below current spending and the projected rates of growth.

- Per capita caps are a significant cost shift to states. To make up the lost federal funding, states will have to consider raising state taxes, cutting other state spending, making harmful changes to eligibility, limiting services and support, cutting reimbursements to providers, or taking other drastic steps.

A block grant is a funding structure that provides states with a fixed amount of federal money to fund its Medicaid program.

- This leaves states responsible for determining what services to provide to which individuals.

***Both the per-capita cap and block grant policies would likely result in people with disabilities losing access to health services and HCBS that allow them to live with independence in their communities.

Medicaid Work Requirements

Work requirements would add additional documentation for beneficiaries to receive health insurance from Medicaid. Work requirements can be very costly to states, which must set up and administer the paperwork and verification to meet the requirements.

- Rather than helping people find employment, work requirements cause individuals to lose their health insurance and face difficulties accessing medical care, affording prescriptions, and maintaining their overall health.

Other proposals to reduce federal spending are being discussed outside of the two listed above. These include:

- lowering the federal matching rates
- Limiting what states are allowed to use to meet the state matching rates.

These policy proposals all aim to achieve the same goal of reducing federal spending, shifting costs to the states.

We need your help!

- Reject any effort to block grants, caps, or cut federal spending in Medicaid.
- Oppose work requirements in the Medicaid program.

Medicaid is a critical source of coverage for millions of people with disabilities, children, seniors, veterans, and military families. Please help us protect these vital services!